

TANZANIA HUMAN RESOURCE CAPACITY PROJECT

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QUARTERLY PROGRESS REPORT

April-June 2013

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List of Acronyms

• AIDS	-	Acquired Immune Deficiency Syndrome
• AIHA	-	American International Health Alliance
• AKF	-	Aga Khan Foundation
• BMAF	-	Benjamin William Mkapa HIV/AIDS Foundation
• CCHP	-	Comprehensive Council Health Plan
• CHMTs	-	Council Health Management Teams
• CSSC	-	Christian Social Service Commission
• DC	-	District Council
• DED	-	District Executive Director
• DHRO	-	District Human Resource Officer
• DMO	-	District Medical Officer
• DSW	-	Department of Social Welfare
• FY	-	Financial Year
• GOT	-	Government of Tanzania
• HRH	-	Human Resource for Health
• HRM	-	Human Resource Management
• HIV	-	Human Immunodeficiency Virus
• HSSP III	-	Health Sector Strategic Plan III
• ICT	-	Information and Communication Technology
• ISW	-	Institute of Social Work
• IMA	-	Inter-church Medical Association
• LGA	-	Local Government Authority
• MEVOT	-	Ministry of Education and Vocational Training
• MOFEA	-	Ministry of Finance and Economic Affairs
• MOHA	-	Ministry of Home Affairs
• MoHSW	-	Ministry of Health and Social Welfare
• M&E	-	Monitoring and Evaluation
• MSH	-	Management Sciences for Health
• MVC	-	Most Vulnerable Children
• MVCC	-	Most Vulnerable Children Committee
• NCPA II	-	National Costed Plan of Action II
• OPRAS	-	Open Performance Review and Appraisal System
• PASONET	-	Para-Social Network of Tanzania
• POPSM	-	President's Office Public Service Management
• PMO-RALG	-	Prime Minister's Office Regional Administration and Local Government
• PMP	-	Performance Monitoring Plan
• PSW	-	Para-Social Worker
• RAS	-	Regional Administrative Secretary
• SWA	-	Social Work Assistant
• SWO	-	Social Work Officer
• TC	-	Town Council

- TASWO - Tanzania Association of Social Workers
- TESWEP - Tanzania Emerging Social Workers Education Programs
- THRP - Tanzania Human Resource Capacity Project
- TRG - Training Resources Group, Inc.
- UDSM - University of Dar es Salaam
- USAID - United States Agency for International Development
- WEI - World Education Inc.

I. PROGRAM HIGHLIGHTS

During the quarter the project shifted focus from direct implementation of activities with district authorizes to increased engagement with central ministry colleagues; and to project dissemination and documentation. The HRIS work with PMO-RALG kept pace as did the PSW program activities. BMAF organized a final feedback workshop with key stakeholders bringing the district perspective to national attention. IntraHealth and BMAF engagement with the national level was very active. By the end of the quarter, planning for a national HRH conference in September was well under way.

Program management focused on the final financial close out of sub-agreements with UDSM, BMAF and CSSC. With USAID approval of the TEC by the end of the quarter, IntraHealth initiated discussions with UDSM and BMAF for short term service agreements for specific activities

The following are a few key highlights of this quarter from the HRH district strengthening, HRIS and MVC project management components.

Central Engagement

- BMAF organized a feedback workshop bringing representatives from several districts to share their experiences in strengthening the HRH situation in their respective districts. The workshop provided an opportunity to demonstrate to representatives from central ministries the range of implementation over the course of four years under the THRP, 2009—2013.
- IntraHealth continued discussions with the Department of Social Welfare (DSW) on how the PSW data base can be integrated with the national MVC data base; how to disseminate the PSW Program Guide; and steps to finalize the national SWW strategy.
- The MOHSW HRH Technical working Group has embarked on a number of initiatives engaging IntraHealth and BMAF participation particularly the development of the next national HRH Strategic Plan for 2014-2018.

Establishing a Functional Comprehensive Human Resource Information System (HRIS)—Public Sector (with PMO-RALG), MOH/Zanzibar and Private Sector

- IntraHealth worked with PMO-RALG on penultimate regions to centralize LGHRIS starting with Lake Zone regions (Shinyanga, Simiyu, Kagera, Geita, Mwanza and Mara). LGHRIS successfully migrated all the districts in these regions online.
- IntraHealth collaborated with PMO-RALG in Integrating and configuring the LGHRIS wireless router into PMO- RALG Virtual Private Network (commonly known as EPICOR Network). The local LGHRIS has been migrated to lghris.pmoralg.go.tz.
- IntraHealth worked with PMO-RALG in sensitizing RASs/DEDs/MDs/TED and HROs on the migration of LGHRIS to online mode.

Development of a Cadre of Para-Social Workers

- IntraHealth compiled a first draft a Mentoring and Coaching Guide for PSW Supervisors. The draft has been shared internally and with the ISW for review.

- The most recent expansion and uptake of the PSW Program is in the Arusha region where IntraHealth provided technical support to WEI to launch the program in Karatu District. The initial activities included the awareness meeting with district and regional authorities, PSW trainee identification and the initial 9-day PSW training.
- In its final capacity building efforts for PASONET, IntraHealth facilitated the training of PASONET leaders on accounting procedures using the newly developed manual.
- IntraHealth did a follow up of MVC community funding schemes in Njombe T.C, Njombe D.C and Kilolo D.C
- IntraHealth facilitated a District Advocacy Team meeting and conducted M&E/advocacy follow up in Mtwara region
- IntraHealth conducted its final PSW refresher training in Masasi district and a final M&E follow up in Njombe region

II. INTRODUCTION

The Tanzania Human Resource Capacity Project (THRP) is now a four and one-half year project funded by the U.S. Agency for International Development (USAID). The project supports government efforts to address the challenges that Tanzania faces in developing an adequate health and social welfare workforce composed of a complex system of public and private professional and paraprofessional cadres and those in the non-formal sector.

The project strategic objectives are:

- To assist the MOHSW and PMORALG in the implementation of the human resources for health (HRH) strategy and the human resource components of the Health Sector Strategic Plan (HSSP) III, as requested by the MOHSW.
- To strengthen the capacity of the national and local government authorities to predict, plan for, and recruit the health and social welfare workforce.
- To improve the deployment, utilization, management, and retention of the health and social welfare workforce; and
- To increase the productivity of the health and social welfare workforce.

THRP implementing partners:

IntraHealth International (prime partner)
Benjamin Mkapa AIDS Foundation (BMAF)
Christian Social Services Commission (CSSC)
University of Dar es Salaam (UDSM)
Aga Khan Foundation (AKF)
Management Sciences for Health (MSH)
Training Resources Group (TRG)
Inter-church Medical Association (IMA)

The project strategy focuses on:

- Supporting the MOHSW to implement the HRH strategic plan;
- Development of a comprehensive HRH strengthening program that will provide district managers with the needed tools and competencies to identify and tackle their own HRH problems;
- Establishing a comprehensive HRIS system to provide routine HR data of health workers for decision makers in the public and private sectors; and
- Building capacity of the social welfare workforce on provision of quality health care services to address the need of MVCs.

The following quarterly report is organized by project strategic objective as identified in the original application document; each project component contributes to each strategic objective. THRP has four project components: 1) Support to national government; 2) District HRH strengthening and development; 3) Establishing a functional comprehensive HRIS; and 4) Development of a cadre of Para-social Workers to address the needs of MVCs.

This report also includes sections on program documentation, monitoring and evaluation activities and program management.

III. QUARTERLY ACTIVITIES: BY STRATEGIC OBJECTIVE

Objective 1: Assist the MOHSW and PMORALG to orchestrate the implementation of the HRH strategy and the HR components of the HSSP III, as requested by the MOHSW or PMORALG (A)

A.1. Support to National Level Government in HRH

National HRH Conference Planning. IntraHealth and BMAF continued preparations for a national HRH conference scheduled to take place in 3-4 September 2013. The draft concept paper and budget have been prepared and shared with key stakeholders for preliminary feedback.

Engagement with the National HRH Technical Working Group. During the quarter IntraHealth provided technical assistance to finalize the national Staffing Norms particularly through the development and review of an operational guide to facilitate realistic HR planning at district level. The MOHSW is in the process of developing the next National HRH strategic plan for 2014-2018. The preliminary stages included a review of the issues summoned from the field contributing to the situational analysis. The next step is to formulate the strategies for the plan.

In April, GIZ conducted a dissemination meeting to share the results of its TGPSH project in Mtwara region. The team presented strategies for recruiting staff and retaining them through proactively recruiting students, and developing quotas for sponsorship and subsequent bonding. Interim measures to bridge the gap until sufficient qualified staff would be available, particularly strengthening the skills and expertise of Medical Attendants, generated considerable discussion.

District Health Strengthening Feedback Workshop. BMAF and IntraHealth provided the opportunity to share many of THRP's innovative strategies and best practices with stakeholders and solicit their feedback. As one of several THRP close-out activities the event was an opportunity to recognize those districts that achieved outstanding performance. The project's district strengthening efforts focused on reducing vacancy rates, strengthening district-level OPRAS functionality; improving the number of HR activities with dedicated budget in the CCHP, and the development of local incentive packages. Dr. Ellen Senkoro presented on the overall outcomes of this effort.

Ukerewe and Makete Districts recognized for their demonstrated improvement.

Ukerewe District demonstrated improvement in several areas:

- Advocacy of HRH action plans in the district management led to an increase in budget for HRM activities from FY 2009/10 to 2013;
- Innovative approaches to attract staff to the Island reducing vacancy rates despite its disadvantaged geographical location;
- Recording higher rate of implementation of OPRAS and its cycles;
- Introducing various local incentives funded by the districts own sources to complement government efforts on attracting and retaining competent staff;
- Effective use of HRH orientation package to facilitate newly recruited staff settle in the new working environment and become productive.

Makete District creatively managed and streamlined the THRP initiatives through:

- Attracting various donors to improve working conditions that have attracted new staff in the districts;
- Implement local initiatives for staff motivation to enhance retention and productivity; and
- Effectively marketing the district to the health training institutions to attract new staff in the districts.

The Feedback Workshop was part of the project exit strategy designed to expose THRP best practices to stakeholders. The event was used to launch four important guidelines that remain as project contribution towards HRM improvement in the health sector especially at LGA level. The Government used the opportunity to make its commitment on scaling up the best practices across the country and sustaining project results. IntraHealth's Project Communications officer wrote a blog of the event; see page 17 for the full text.

One Million CHW Campaign Planning Workshop in Ifakara. IntraHealth participated in a three-day multi-country planning workshop designed to engage national CHW program planners in preparing national technical and financial plans for CHW system-wide scale up. Seven country delegations participated from Comoros, Liberia, Malawi, Nigeria, Senegal, Tanzania and Zanzibar. Not surprisingly, the Tanzania delegation was quite large including the Acting Director of Health Promotion from the MOHSW and representation from JHPIEGO, AMREF, WHO (2), Columbia/IHI, UNICEF, UNAIDS and USAID. WHO/Geneva and AFRO, RBM, MSH also had representation.

Over the course of three days, participants developed national scenarios using a systems framework:

- CHWs in the context of HRH and sub-national variability
- Sustainable financing and governance
- CHW acceleration of vertical disease goals and health systems strengthening
- Effective training, supervision and management of CHW programs
- Monitoring and information systems
- Supply chain management and CHW commodities
- Payment and performance management
- Translating maturity model into an operational and financial framework

IntraHealth was subsequently invited to participate in Tanzania's CHW Task Force immediately following the One Million CHW planning meeting. There is considerable internal discussion as to whether Tanzania will follow all the suggestions and recommendations from the One Million Campaign although there was recognition that the systems framework along with the tools and questions developed by the campaign provide a good process and methodology to work with. Tanzania can take the lessons learned from the campaign as a way to continue to catalyse the discussion for a national CHW program.

A.2. Establishing a Functional Comprehensive Human Resource Information System

System Migration to Central Server in Dodoma. IntraHealth and UDSM have been working very closely with PMO-RALG leadership in deploying the LGHRIS system nationwide. The approach to implementing a decentralized LGHRIS system made sense early in the THRP due to various levels of infrastructure in each district and the limited capacity in Dodoma in PMO-RALGs' central offices. As Tanzania expanded its connectivity capacity and PMO-RALG improved the size of its central server, THRP decided to centralize the database in Dodoma.

A UDSM and IntraHealth team worked on the development of the LGHRIS version that will support centralized operations. In June the team, accompanied by PMO-RALG central staff, travelled to the Lake Zone regions (Shinyanga, Simiyu, Kagera, Geita, Mwanza and Mara) to centralize each of the district systems. The team was also accompanied by a regional ICT officer. By the end of the quarter the integration and configuration on the LGHRIS wireless router into PMO-RALG's virtual private network (commonly known as the EPICOR Network) is complete for these regions. The available information has been moved online and can be accessed through the PMO-RALG private virtual network via lghris.pmoralg.go.tz.

A.3. Development of a Cadre of Para-social Workers (PSW)

Social Welfare Workforce (SWW) Draft Strategy. IntraHealth has had numerous follow-up meeting with DSW staff to move the internal process towards finalizing the document. The SWW draft strategy remains with the DSW to be vetted by the MOHSW management team.

PSW Database and PSW Program Guide: IntraHealth also had discussions with DSW on how best to integrate PSW personnel information with the national MVC database and on endorsement for PSW program "How To" guide. IntraHealth and DSW agreed in principle that the PSW Data base will be changed into Social Welfare Data Base. The Program Guide will be presented to management as an official procedure.

Objective 2: Strengthen the capacity of the national and local government authorities to predict, plan for and recruit the health and social welfare workforce (B)

B.1. Establishing a Functional Comprehensive Human Resource Information System.

Intrahealth and a team from PMO-RALG carried out LGHRIS Centralization in Lake Zones in June 2013. The team sensitized each district leadership and District HROs on the change of approach in system access. They created user accounts for access to the central server and backed up data to be sent into LGHRIS central server for aggregation.

Objective 3: Deployment, utilization, management, and retention of the health and social welfare workforce improved (C)

C.1. District HRH Strengthening and Development

Planned activities within the districts completed.

C.2. Development of a Cadre of Para-social Workers (PSW)

Para-Social Workers follow-up training Masasi. IntraHealth conducted PSW follow up training in Masasi in May PSW and their supervisors. Supervisors were trained for an extra day aiming at building their expertise in local Government planning processes. 204 PSW (131 males and 73 females) and 32 PSW supervisors (22 males and 8 females) were also trained.

Para Social Worker (PSW) training with WEI for Karatu DC. IntraHealth had a very successful collaboration with World Education Inc. (WEI) and the Centre for Women and Children Development (CWCD) to introduce the PSW program in Karatu. Following the introductory awareness meeting, IntraHealth trained 73 PSWs and 14 PSW Supervisors for Karatu District Council.

Mentoring and coaching guide for PSW Supervisors. IntraHealth developed the first draft of the PSW supervisor mentoring and coaching guide and shared internally and with ISW for review and comment. The final guide is expected to be ready by end of next quarter. .

Training PASONET Leaders on financial accounting and procedures. IntraHealth, with a local consultant, trained 105 participants using the recently developed Accounting and Financial Procedure Manual in Dodoma in May 2013. Participants included three PASONET leaders from each of the 27 PSW program districts and select number of Social Welfare Officers. Copies of the procedure manual were also distributed to PASONET leaders during the training.

The training focused on:

- Understanding the overview of financial systems,
- Importance of contractual agreements with donors on financial system design and financial reporting,
- Budget preparation,
- Financial reporting (types of financial reports),
- Cash management and banking procedures,
- Assets management including preparation of fixed assets registers,
- Auditing process and
- Organization structure

PASONET leaders agreed to the following followup actions:

- To share the accounting and procedure manual with other members;
- To immediately operationalize the accounting and procedure manual; and

- To start mobilizing resources through proposals or other fundraising activities and consult with Social Welfare Officers for guidance.

Development of District Advocacy Teams in Mtwara region. IntraHealth facilitated a meeting of DATs from the Mtwara districts in June. During the meeting the DATs reviewed implementation of the previous year and developed plans for sustaining the PSW program in their districts. The representatives reported the following key achievements:

District	Key Achievements
Nanyumbu	<ul style="list-style-type: none"> • Supported 4 MVC from each ward with secondary education school fees • Designated Tsh 10,200,000/= from HIV/AIDS budget to purchase school materials for 237 MVC • Provided 200 MVC with CHF Cards • 84 PSWs still active out of 86 PSWs originally trained • 2 MVC were linked health service to Ndanda Hospital and another 2 to Muhimbili.
Newala	<ul style="list-style-type: none"> • Identified 3240 MVC • Constructed a house for one MVC family • 116 WORTH groups were formed • Conducted follow-up for MVC activities in 72 villages • Commemorated child day in June in collaboration with various partners
Masasi	<ul style="list-style-type: none"> • Allocated Tsh. 10,000,000/= from own source of 2013/2014 budget to support MVC who are deaf and MVC with albinism • Tsh. 16,793,00/= will be used to pay for school fees and school materials for 320 primary school MVC and 300 Secondary school MVC • DAT collaborated with FBO to form four children's clubs in Mbuyuni ward and Chihungutwa. • Tsh. 8,000,000/= is allocated to form children Baraza in all 23 wards of Masasi • Allocated PASONET an office space
Mtwara Rural	<ul style="list-style-type: none"> • Provided school materials for 137 MVC in secondary school; 300 MVC will be supported in Primary school • 10 MVC have been linked to VETA • 21 MVC with disabilities have been linked to Dinyecha Primary school • LGA contributed Tsh. 8,730,000/= for meals for children with disability schooling at Dinyecha • One child with albinism was transferred from day school to boarding school • Two MVC committees initiated chicken and goats projects • Provided 2,422 MVC with CHF cards
Mtwara-Mikindani	<ul style="list-style-type: none"> • Used media to advocate for children's rights and justice • Tshs. 5,000,000/= Budget allocation for MVC • Support of 21 MVC who are deaf for CHF • An NGO (VOYEHEDE) paid for CHF for 25 MVC

Objective 4: Increase Productivity of the health and social welfare workforce (D)

D.1. District HRH Strengthening and Support

Activities within the districts are completed

IV. MONITORING AND EVALUATION

Routine program monitoring activities included a round of followup by telephone to each of the 27 PSW District Advocacy Teams to review plans and challenges encountered and data collection and entry in to the PSW database. Table 4 on the following page updates project progress against targets established for COP FY13.

PSW Program followup in Njombe M&E follow-up. In June IntraHealth conducted an extensive PSW program monitoring visit to Njombe region to followup on the baseline survey conducted early in in THRP. The objectives were to:

- Establish evidence based information on the status of social welfare service delivery to MVC;
- Document the status of Local Government Authority budget allocations for MVC and social welfare services in Njombe region from 2011 to date;
- Document the opinions and perceptions of key stakeholders/actors regarding social welfare service delivery in Njombe region;
- Document the number of District and Ward Social Welfare Officers who are currently employed, or are being recruited in each district and the type of support they are providing to MVC and PSWs; and
- Document incentives and resources provided by LGAs and other organizations to PSWs that support MVC.

Key Findings. The team heard of diverse community initiatives to support MVC. Some of the initiatives basically strengthened existing community structures at ward or village level; others included income generating activities such as tree plantations, SILK groups, poultry keeping, and a wheat and maize farm in Uwemba ward in Njombe TC.

Fifteen villages, out of 30 villages sensitized, established a Community Fund for MVC in 2012 including opening a bank account. There was no consistency in the amount contributed from village to village; each amount was determined by the individual MVCC and related household contributions. Different wards discussed the number and variety of stakeholders who work with MVC including community volunteers, PSWs, and NGOs (COCODA, MISO, TUNAJALI, ELCT, R.C, SILK Groups in Ludewa DC). In Makete, Tandala ward was expecting support for MVC from the *Pamoja Tuwalee* project.

Table 4: Performance – PEPFAR Indicators and Results, April-June 2013

	Indicator	Program Area	Partner	PEPFAR Targets (Oct 12 -Sept 13)	Achievements (Oct -Dec 12)	Achievements (Jan-Mar 13)	Achievements (Apr-June 13)
H2.1.D :	Number of health care workers who graduated from a <u>pre-service</u> training institution, disaggregated by sex and cadre	HRH	AKF	0	0		
			MUHAS	32	32		
H2.2.D	Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	PSW	0			
			PSW Supervisors*	0			
H2.3.D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	800	294	147	277
			PSW Supervisors*		44	29	46
		HRH - CED	AKH	35	0	20	
		HRH	BMAF	0			
		HRIS	CSSC	65	0	49	
		HRIS	UDSM/Intra Health#	370	174	45	
PEPFAR COP 12 Targets for number of individuals participating in in-service training supported by THRP project				1270	468	261	323

* PSW Supervisors also attend PSW training

V. PROGRAM DOCUMENTATION

During the quarter all partners made a concerted effort to submit their End-of-Project reports summarizing their contributions to the THRP. IntraHealth also collected documents from all THRP partners, except AKF, including quarterly reports, activity reports, training manuals and study reports.

IntraHealth reviewed the following documents from local partners:

- Incentive Packages in 16 LGAs
- HRM Training Manual
- Orientation Package for Health Workers
- Multi-sectoral Criteria for defining underserved areas, report
- BMAF Achievement and Lessons Learned Report
- End of Project reports from BMAF, CSSC, UDSM and IMA

IntraHealth drafted the following for project dissemination via different media:

- Stories Stories (2): HRIS Helpdesk; HRIS Data use in Zanzibar
- Summary of AKF alumni survey
- Retention story from Njombe and Iringa
- Blog from HRM dissemination meeting
- Draft Press Release for USAID for the dissemination meeting

IntraHealth initiated its planning for the comprehensive THRP End-of-Project report. The outline was shared with USAID in early July. Staff began drafting specific chapters.

VI. Program Management

USAID Program Management. THRP staff attended two meetings initiated by USAID with implementing partners; first in early April with the new Mission Director and later that month with USAID's health team. The Country Director also briefed John Mayer on the range of THRP initiatives in Iringa prior to her relocation there.

THRP Close-out Planning. IntraHealth continued to plan for project close-out in October and to scrutinize its program funding for the period to accommodate planned close-out costs. Despite USAID assurances that the proposed TEC increase and project extension would be approved and funded, THRP's funds were very tight for the quarter. Two activities were fully cancelled (postponed from previous quarter) to accommodate the financial situation: two PSW refresher trainings for PSWs in three districts in Mtwara and the gender sensitization workshop planned for Iringa region.

IntraHealth took advantage of a visiting team from its Human Resource department to review procedures for staff retrenchment and related severance and payout procedures. The team also sought local legal advice and review.

Service agreements with UDSM and BMAF. IntraHealth initiated negotiations for new agreements with UDSM and BMAF to engage their services for three-month scopes of work to

be funded under the TEC increase. IntraHealth determined that a service agreement for specific deliverables and a short time-frame was the appropriate contractual modality rather than a subagreement.

Project staffing. Angelina Ballart, Senior Program Manager, left the project in mid-May to pursue other opportunities. Given the timing to the end of project and the end of the BMAF sub-agreement, IntraHealth decided not to replace the position.

Project Financial Status. Just at the end of the quarter IntraHealth received Modification No. 8 which increased the project financial ceiling to \$24,700,000; added \$1,200,000 in funding and extended by two months to the end of December 2013. The information in the following table is accurate through 30 June 2013.

Table 6: Financial Status of the Tanzania Human Resources Capacity Project

Total obligations through 30 June 20123:	24,700,000
Expenditures through prior quarter (through March 2013)	22,040,691
Expenditures this quarter (April—June 2013)	595,957
Total Expenditures through 30 June 2013 (expenditures started 1 May 2009)	22,636,648
Pipeline as of 1 July 2013	2,063,352

Technical assistance. THRP did not have any international visitors providing technical assistance during the quarter. IntraHealth International supported a term from its Human Resource Office.

VII. PLANNED ACTIVITIES, July-September, 2013

Support to National Level Government

BMAF/IntraHealth

- Lean planning and preparations for National HRH conference
- Participate in national HRH Technical Working Group
- Participate in national CHW Task force as appropriate

Establishing a Functional Comprehensive Human Resource Information System

HRIS (IntraHealth, UDSM and PMO-RALG)

- Completion of LGHRIS deployment/ data import to the remaining LGAS and Regional Secretariats subject to PMO-RALG cost co-sharing.
- Data sharing with MOHSW, PMO-RALG and other PMO-RALG stakeholders

Developing a Cadre of Para-Social Workers (IntraHealth)

- Organize and implement final Program Dissemination meeting at the end of July
- Finalize SWW strategy document
- Continue negotiating with DSW for PSW database integration to national MVC data base and how to guide PSW program guide
- Finalize Supervisors Mentoring and Coaching guide
- In collaboration with DSW print and disseminate PSW program the A How to Guide
- Compile end of PSW program report

Monitoring and Evaluation

- Finalize PMP progress against targets
- Final APR report submission in PROMIS, TrainNet and TMEMS
- Complete Expenditure Analysis

Program Documentation

- IntraHealth to continue documenting best practices
- Review partner EOP reports
- Focus on gathering all partner documents
- Develop success stories and “voices”

With the right tools Districts can reverse effects of HRH crisis

by Mkama Mwijarubi

If these three districts can reduce vacancy rates up to 50 percent and increase their HRM budgets up to seven percent I believe other districts in Tanzania can do the same," said Assistant Director, Establishment Division at the President's Office Public Service Management (POPSM), Mr. Issa Ng'imba.

The spirit of this statement echoed in the conference room during the Human Resource Management District Feedback Workshop where district health officers exchanged opinions with officials from the Ministry of Health and Social Welfare (MOHSW) and POPSМ about whether or not achievements through district strengthening initiative could be up scaled countrywide.

The mix of participants reflected the Tanzania Human Resource Capacity Project's (THRP) approach—implementing Human Resource Management (HRM) interventions at district level and giving policy feedback at central government entities that deal with management of Human Resource for Health (HRH). The HRH Advisor for United States Agency of International Development (USAID), Zohra Balsara stated, "Inter-ministerial presence in this meeting is a step towards the expected ministerial collaboration in tackling HRH issues that spans ministerial portfolios."

Tanzania has only 42% of the required HRH, casting it among nations with an acute shortage. In response the government's National Health Sector Strategic Plan III and National Human Resource Strategic Plan provide a stage for strategic engagement with partners to address HRH challenges in central government entities and at LGAs. THRP said the guest of honour, Dr. Mohamed Ally Mohamed, "... was timely developed and implemented."

HRM District Strengthening is only one component of THRP. Other elements include the implementation of the district-level human resource information system and developing a cadre of Para-social Workers to meet psycho-social needs of orphans and vulnerable children.

The District Strengthening component implemented by IntraHealth and the Benjamin William Mkapa HIV/AIDS Foundation (BMAF) covered 54 districts. Conclusive results from all districts may paint a picture of varied achievement, but three districts—Ukerewe, Liwale and Makete—stood out from their counterparts in reducing vacancy rates, retaining health workers, observing staff appraisals, increasing budget for HRM and developing locally affordable incentives. They prove that tangible change can happen if there is:

- Political will from senior leadership; and
- Expertise to impart knowledge, use new tools and tweak to business as usual.

So, did the three best performers prove the effectiveness of HRM district strengthening efforts? That is up to an evaluation to answer. However, the district representatives repeatedly stated that real change happens at local level. Ukerewe, Makete and Liwale reduced vacancy rates, increased HRM activities in their comprehensive health plans and significantly implemented OPRAS by narrowing their focus to actionable items. Which district cannot afford a set of 'starter bedding', a welcoming event, organized orientation, and a warm welcome from the village?

Yet Makete district used the "baits" to attract workers to stay in place. The District Medical Officer thoughtfully said, "... no one chooses to work, they have to be appointed to come to such a very remote, temperate, district associated with one of the highest HIV prevalence." Because of such simple tweaks-or innovations- in FY 2011/2012 Makete retained 64 out of 67 new health staff who reported.

Martin Mwandiki, District Medical Officer (DMO) in Liwale said, "Through better staff settlement plans including using the orientation guide, free housing for the first six months we managed to retain all 13 new employees posted last year (2011/2012)."

In Ukerewe, all health workers have filled their Open Performance Review Appraisal System (OPRAS) forms, a budget for targeted 'retention' activities including funds for a furnished rest house to accommodate new employees for six months or paying six month's rent for senior cadres. "Because these innovations worked, a new hostel is under construction," said Ukerewe DMO, Dr. Hassan Mattaka.

"THRP through BMAF has given health managers the tools and through trainings challenging them to think beyond business as usual if they care about addressing the HRH crisis," said Dr Ellen Mkondya Senkoro, BMAF Chief Executive Officer.

When I separately asked these district managers about sustainability of these initiatives their responses revolved around the district strengthening approach:

- Implementation within central government and local government system;
- Enforcement through Government operational communications; and
- LGAs using their own resources.

The Assistant Director, Establishment Division at the PO PSM, Mr. Issa Ng'imba, packaged sustainability in suspense: "The best way to know something has been sustained is visiting the districts say two years from now and see how they continue down the lane you set them." he said.

I wonder if there is a better snapshot to check on sustainability. There is high hope for continuity. We know that BMAF is rolling out District Strengthening in many more districts under the Global Fund Round 9. The Guest of Honor representing the Permanent Secretary of the MOHSW recognized THRP contributions to the review and development of standard HRM manuals, guidelines and reports. He urged all districts to use them in management of HRH.